

**State of Nevada Department of
Education Office of Teacher
Licensing**

Application for Additional Endorsement

The non-refundable fee for adding an additional endorsement is \$50.00 per endorsement payable by cashier's check or money order only to Nevada Department of Education.

SS # _____ and /or License # _____

Last Name: _____ First Name _____ MI _____

Mailing Address: _____

Street City State Zip Code

Phone #: _____ Email address _____

Please indicate (v) which of the following licenses/endorsements you are applying for.

- | | |
|--|--|
| <input type="checkbox"/> Early Childhood (0-2nd Grade)

<input type="checkbox"/> Middle School (7-9) _____
<div style="text-align: center;">List content or special areas</div>
<input type="checkbox"/> Exceptional Pupils _____
<div style="text-align: center;">List content or special areas</div>
<input type="checkbox"/> Licensed School Personnel* _____ | <input type="checkbox"/> Elementary (K-8)

<input type="checkbox"/> Secondary (7-12) _____
<div style="text-align: center;">List content or special areas</div> |
|--|--|

(*Varying grade/age level subject area endorsements outside the five areas noted above, including nurse, counselor, social worker, JROTC instructor, American sign language instructor, K-12 Dance, K-12 Art, K-12 Physical Education, Great Basin language instructor, school administrator, and media specialist (library).

Official transcripts that list all coursework that qualify you for the endorsement(s) for which you are applying must be submitted with this application. If student teaching is reflected on your transcript as "field experience" or "practicum," written verification must be provided and signed by the dean of the college/university. List below the transcripts that reflect these courses.

University/College	State	Degree	Credits Earned

Signature of Applicant

Date

The State of Nevada Department of Education is an Equal Opportunity / Affirmative Action Agency and does not discriminate on the basis of race, color, religion, sex, national origin, age political affiliation or disability.

For official use only: Receipt # _____

☐ I have validated that the licensee has met all requirements (coursework, testing) for endorsement.

☐ I have indicated any **provisional requirements** (See attached evaluation sheet).

Analyst Signature _____

Date _____

Instructions for Additional Endorsement

To apply for an additional endorsement to your existing valid Nevada license, you must submit the following documents:

- ☐ The completed application signed and dated.
- ☐ Official transcript(s) from all post-secondary institutions attended where the required course work for an additional endorsement was completed. Hand carried transcript(s) are acceptable as long as they are official, even if an envelope is opened. A transcript is considered official if it has the official school seal and the registrar's signature.
Photocopied transcripts and faxes are not accepted.
- ☐ The applicant fee of **\$50.00 (non-refundable)** for each endorsement/license you are applying for. Payment must be by **cashier's check or money order** made payable to the Nevada Department of Education.

Not required of all applicants, but submit if applicable to the area you are seeking:

- ☐ Verification of work or teaching experience.
 - ☐ A copy of a professional license/certificate from another state.
 - ☐ If applying for a School Counselor endorsement, verification of completion of a school counseling practicum may be required if not clearly noted on a transcript. The verification must reflect the grade level of the practicum and a minimum number of 600 completed hours. This verification must be on college letter- head co-signed by the dean of the department.
 - ☐ Applicants applying for a School Psychologist endorsement, who do not hold national certification, may be required to verify an internship in school psychology as outlined in NAC 391.319.
 - ☐ Applicants applying for a School Nurse or School Social Worker license must provide a copy of a valid license issued by the Nevada State Board of Nursing or Nevada State Board of Social Workers.
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This form may be mailed to the appropriate office listed below.

Northern Office
700 East Fifth Street
Suite 105
Carson City, NV 89701-5096
Phone: (775) 687-9115

Southern Office
9890 S. Maryland Pkwy
Suite 231
Las Vegas, NV 89183
Phone: (702) 486-6458